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APPLICANTS

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** CONTINUING DATA ****

This application is a 371 of PCT/EP03/10719 09/26/2003

** FOREIGN APPLICATIONS ****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		GERMANY	2	7	1
Verified and Acknowledged	/TARLA R PATEL/ Examiner's Signature	Initials				

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TITLE

Headrest for a patient-bearing surface

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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